

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214544514</b>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Harley Ellis Devereaux Corporation</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>MI</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>9/30/2014</b></p> <p>SCC ID NO: <b>F1308024</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td>300,000</td> </tr> <tr> <td>COMBNV</td> <td>100,000</td> </tr> <tr> <td>COMCNV</td> <td>10,000</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMA	300,000	COMBNV	100,000	COMCNV	10,000
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 26913 NORTHWESTERN HWY SUITE 200</p> <p style="text-align: center;">CITY/ST/ZIP: SOUTHFIELD, MI 48033-3476</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: J PETER DEVEREAUX  TITLE: PRESIDENT  ADDRESS: 601 SOUTH FIGUEROA STREET  STE 500  CITY/ST/ZIP/CO: LOS ANGELES, CA 90017 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: J PETER DEVEREAUX TITLE: PRESIDENT ADDRESS: 601 SOUTH FIGUEROA STREET STE 500 CITY/ST/ZIP/CO: LOS ANGELES, CA 90017	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR					
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC G ESSIQUE DIRECTOR 26913 NORTHWESTERN HWY SUITE 200 SOUTHFIELD, MI 48033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. RICHARD HALL DIRECTOR 26913 NORTHWESTERN HWY SUITE 200 SOUTHFIELD, MI 48033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. LOUIS HARTMAN DIRECTOR 26913 NORTHWESTERN HWY SUITE 200 SOUTHFIELD, MI 48033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M JAEGER DIRECTOR 26913 NORTHWESTERN HWY SUITE 200 SOUTHFIELD, MI 48033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR F SMITH DIRECTOR 26913 NORTHWESTERN HWY SUITE 200 SOUTHFIELD, MI 48033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ENRIQUE SUAREZ DIRECTOR ONE EAST WACKER DRIVE SUITE 200 CHICAGO, IL 60601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TANIA L VAN HERLE DIRECTOR 601 SOUTH FIGUEROA STREET SUITE 500 LOS ANGELES, CA 90017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL F COOPER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL F COOPER, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/26/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			